

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32173**

1952 **8** **1952** BIRTH NO. REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **5646** Registrar's No. **66**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Missouri COUNTY Stone											
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Rural N, Buckprarie		c. LENGTH OF STAY (In this place) 7 mo.	c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Reed Springs		1040									
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 1 Marionville Mo.			d. STREET ADDRESS (If rural, give location) /											
3. NAME OF DECEASED (Type or Print) a. (First) Malita b. (Middle) Ann c. (Last) (Gregg) Tindle			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30 1952											
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 23 1872	9. AGE (In years last birthday) 80	<table border="1"> <tr> <td># UNDER 1 Year</td> <td># UNDER 1 Year</td> <td># UNDER 1 Year</td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> <tr> <td>4</td> <td>7</td> <td></td> </tr> </table>	# UNDER 1 Year	# UNDER 1 Year	# UNDER 1 Year	Months	Days	Hours	4	7	
# UNDER 1 Year	# UNDER 1 Year	# UNDER 1 Year												
Months	Days	Hours												
4	7													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Wm. Clinkenbeard		13b. MOTHER'S MAIDEN NAME Sanders		14. NAME OF HUSBAND OR WIFE Edward E. Tindle										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Arthur Gregg ADDRESS Marionville, Mo.											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH									
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)												
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?												
22. I hereby certify that I attended the deceased from July 1 1952 to Sept 30 1952 , that I last saw the deceased alive on Sept 24 1952 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above.														
23a. SIGNATURE W.A. Hervey M.D. (Degree or title)			23b. ADDRESS Aurora, Mo.		23c. DATE SIGNED Sept 30 52									
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 2 1952	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Notch, Mo.										
DATE REC'D BY LOCAL REG. Sept. 30 1952	REGISTRAR'S SIGNATURE Ors Mc Natt	25. FUNERAL DIRECTOR'S SIGNATURE J.B. Durridge	ADDRESS Marionville Mo											

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Herman Hurridge

Licensed Embalmer No. 3072

P. O. Address Marionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.